



## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HEALTH MONITORING**

described and claimed in the specification:

Check one

a.  attached hereto.  
b.  filed on July 5, 2001 as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

British Patent Application No. 0016561.3 filed July 5, 2000.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Olliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;  
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and  
Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,  
PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Paul	Given Name	Middle Initial	ANUZIS
					Family Name
2	**Inventor's Signature:	Paul Anuzis			
3	**Date of Signature:	August 29, 2001			
		Month	AUGUST	Day	29
				Year	'01
	Residence:	Derby	City	State or Province	Great Britain
	Citizenship:	Great Britain			
	Post Office Address: (Insert complete mailing address, including country)	86, Locko Road, Spalding Derby DE21 7AQ, Great Britain			

\*If Box (a) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.  
IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

**PAGE 2 OF U.S.A. DECLARATION FORM**  
 (Discard this page in a sole inventor application)

1 <i>Typewritten Full Name of Second Joint Inventor (if any)</i>	Steve	P.	<b>KING</b>
	Given Name	Middle Initial	Family Name
2 <i>**Inventor's Signature:</i>	<i>Steve - P. King</i>		
3 <i>**Date of Signature:</i>	Month <i>August</i>	Day <i>15</i>	Year <i>2001</i>
Residence:	Derbyshire	State or Province	Great Britain
Citizenship:	City	Country	
Post Office Address: (Insert complete mailing address, including country)	30 Willow Drive, Newhall, Swadlincote Derbyshire DE11 0NW, Great Britain		
1 <i>Typewritten Full Name of Third Joint Inventor (if any)</i>	Dennis	M.	<b>KING</b>
	Given Name	Middle Initial	Family Name
2 <i>**Inventor's Signature:</i>	<i>Dennis M. King</i>		
3 <i>**Date of Signature:</i>	Month <i>August</i>	Day <i>15</i>	Year <i>2001</i>
Residence:	Derby	State or Province	Great Britain
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Post Office Address: (Insert complete mailing address, including country)	94 Western Road, Micklover Derby DE3 5GQ, Great Britain		
1 <i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>	Lionel		<b>TARASSENKO</b>
	Given Name	Middle Initial	Family Name
2 <i>**Inventor's Signature:</i>	<i>L. Tarasenko</i>		
3 <i>**Date of Signature:</i>	Month <i>October</i>	Day <i>2</i>	Year <i>2001</i>
Residence:	Oxford	State or Province	Great Britain
Citizenship:	City	Country	
Post Office Address: (Insert complete mailing address, including country)	68 Old Road, Headington Oxford OX3 7LP, Great Britain		
1 <i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>	Paul	M	<b>HAYTON</b>
	Given Name	Middle Initial	Family Name
2 <i>**Inventor's Signature:</i>	<i>P. Hayton</i>		
3 <i>**Date of Signature:</i>	Month <i>October</i>	Day <i>4</i>	Year <i>2001</i>
Residence:	Oxfordshire	State or Province	Great Britain
Citizenship:	City	Country	
Post Office Address: (Insert complete mailing address, including country)	1 Langford Cottages, London Road, Bicester Oxfordshire OX6 0JN, Great Britain		

**Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.  
 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

**PAGE 3 OF U.S.A. DECLARATION FOR**  
**(Discard this page in a sole inventor application)**

1 *Typewritten Full Name  
of Sixth Joint Inventor (if any)*

Simukai

W  
Middle InitialUTETE  
Family Name

2 *\*\*Inventor's Signature:*

*Simukai*

4

2001

3 *\*\*Date of Signature:*

October

Day

Year

Month

Residence:

Oxford

State or Province

Great Britain

City

Citizenship:

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 mailing address,  
 including country)

c/o St. Hugh's College

Oxford OX2 6LE, Great Britain

1 *Typewritten Full Name  
of Seventh Joint Inventor (if any)*

Given Name

Middle Initial

Family Name

2 *\*\*Inventor's Signature:*

*Simukai*

Day

Year

3 *\*\*Date of Signature:*

Month

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:  
 (Insert complete  
 mailing address,  
 including country)

1 *Typewritten Full Name  
of Eighth Joint Inventor (if any)*

Given Name

Middle Initial

Family Name

2 *\*\*Inventor's Signature:*

*Simukai*

Day

Year

3 *\*\*Date of Signature:*

Month

Residence:

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Citizenship:

Post Office Address:  
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 mailing address,  
 including country)

1 *Typewritten Full Name  
of Ninth Joint Inventor (if any)*

Given Name

Middle Initial

Family Name

2 *\*\*Inventor's Signature:*

*Simukai*

Day

Year

3 *\*\*Date of Signature:*

Month

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:  
 (Insert complete  
 mailing address,  
 including country)

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**

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